

KENTUCKY BOARD OF PHARMACY
Spindletop Administration Bldg., Ste 302
2624 Research Park Drive
Lexington, KY 40511
Phone 859-246-2820
Fax 859-246-2823

Permit No. _____
Date Issued _____
(For Office Use)

Application For Out-Of-State Pharmacy Permit

Please print legibly. Make check or money order payable to 'Kentucky State Treasurer'. Mail to the above address. All applicable entries must be completed. Incomplete applications will be returned. Each permit expires June 30th following the date of issuance.

1. Name of Pharmacy _____

Physical Address of Pharmacy _____
(Street and Number)

City _____ State _____ Zip _____

Toll-free Phone Number _____ Fax Number _____

Mailing Address of Pharmacy _____
(Street and Number)

City _____ State _____ Zip _____

Check and complete one of the following and attach proper fee:

☐ **New Pharmacy** \$100.00

Proposed date of Opening _____
(Filed with Board 30 days in advance of Opening)

☐ **Renewal** \$100.00

(Late Renewal Fee after June 30 ... \$175)

Current Permit No. _____

DEA Registration No. _____ Expiration Date _____

Date of Last DEA Schedule II, III, IV and V Inventory _____

(Renewal may be denied if not within last two years)

☐ **Change of Ownership** \$75.00

Date of Proposed Acquisition _____

Name of Previous Owner(s) _____

(Confirmation statement of previous owner must be attached)

☐ **Change of Address/Location** \$75.00

Date of Proposed Relocation _____

Previous Address _____

☐ **Name Change** \$5.00

Previous Name _____

2. Ownership:

☐ Sole Proprietor ☐ Partnership ☐ Unincorporated Business ☐ Incorporated Business ☐ Other

Name and title for each owner/officer, including professional designation (e.g. Pres. John Jones, M.D.)

3. Pharmacist-In-Charge (P.I.C.):

Name _____

Kentucky License No. _____

P.I.C. _____

Kentucky Pharmacy Regulation 201 KAR 2:205 requires pharmacists-in-charge to notify the Board within fourteen (14) calendar days of all pharmacist-in-charge changes.

Senate Bill 63 amends KRS 315.0351 to require out-of-state pharmacies who are providing prescription medications to citizens of the Commonwealth to have a pharmacist-in-charge who holds a Kentucky pharmacist license. This Kentucky licensed pharmacist may be any employee pharmacist of the pharmacy. If an out-of-state pharmacy dispenses to citizens in the Commonwealth fewer than twenty-five prescriptions in a calendar month that pharmacy is not required to have a Kentucky licensed pharmacist on staff per KRS 315.010. For those facilities shipping less than twenty-five prescriptions in a calendar month, please provide written documentation of this.

4. Name and title of each non-pharmacist with keys to the pharmacy:

5. Schedule of Hours:

Monday	_____ A.M. to _____ P.M.	Friday . . .	_____ A.M. to _____ P.M.
Tuesday . . .	_____ A.M. to _____ P.M.	Saturday . .	_____ A.M. to _____ P.M.
Wednesday .	_____ A.M. to _____ P.M.	Sunday . . .	_____ A.M. to _____ P.M.
Thursday . . .	_____ A.M. to _____ P.M.		

*P.I.C. must notify the Board within fourteen (14) days of any changes in scheduled hours.

6. Does pharmacy currently utilize an automated data processing system? Yes ___ No ___

If yes, identify the source for: hardware _____ software _____

7. TYPES OF PHARMACY (INDICATE BY CIRCLING ALL THAT APPLY):

Retail Independent	Retail Chain	Hospital	Nursing Home	Nuclear
Internet	Mail Order	Infusion	Out-of-State	Oxygen

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS 315.121.

I hereby certify that the foregoing is true and correct to the best of my knowledge and that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the regulations of the Kentucky Board of Pharmacy and the Cabinet for Health and Family Services pertaining to the practice of pharmacy and certify that this pharmacy will be conducted in full compliance with all federal and state laws.

(Signature of Pharmacist-In-Charge)

(Signature of Owner)

(Date)

(Date)

Copies of your state permit and last inspection report must be enclosed.